

# **EXHIBIT 1**

Teri Lynn Hinkle

Murphy, North Carolina 28906

S. S. # [REDACTED] | D.O.B. [REDACTED]

September 26, 2017

Experian  
P.O. Box 2002  
Allen, TX 75013

**Full File Disclosure Request pursuant to 15 U.S. Code 1681g(a)(1).**

To Whom it may concern:

Please send me in writing ALL INFORMATION in my consumer file at Experian as of the date that you receive this letter regardless of how or where it is stored; pursuant to 15 U.S. Code 1681g(a)(1). Mask the first five digits of my Social Security Number in all writings you return to me.

In addition, I am requesting:

1. Pursuant to 15 U.S. 1681g(a)(2), all sources of information in my consumer file at Experian.
2. Pursuant to 15 U.S. 1681g(a)(3)(A), the identification of each person that procured a consumer report on me from Experian.
3. Pursuant to 15 U.S. 1681g(a)(3)(B), the name, trade name, address, and telephone number of each person identified under 15 U.S. 1681g(a)(3)(A).
4. Pursuant to 15 U.S. 1681g(a)(4), the dates, original payees, and amounts of any checks in my consumer file at Experian used to adversely characterize me
5. Pursuant to 15 U.S. 1681g(a)(5), a record of all inquiries received by Experian in the year preceding the receipt of this request that identified me in connection with a credit or insurance transaction that I did not initiate

This is a request for a full file disclosure to include all obsolete and archived information as permitted by the Fair Credit Reporting Act. It is my first full file disclosure request for this calendar year from Experian.

Thank you in advance for promptly satisfying this request.

Thank You,



Teri Lynn Hinkle

Attached: Copy of my Social Security Card & Drivers License is attached  
Sent: USPS Certified Mail # 7016 2070 0000 4133 7458  
Return Receipt Requested

Teri Lynn Hinkle  
19 Mossy Creek Trail  
Murphy, North Carolina 28906  
S. S. # [REDACTED] | D.O.B. [REDACTED]

September 11, 2017

Equifax  
P.O. Box 740256  
Atlanta, GA 30374

Full File Disclosure Request pursuant to 15 U.S. Code 1681g(a)(1).

To Whom it may concern:

Please send me in writing ALL INFORMATION in my consumer file at Equifax as of the date that you receive this letter regardless of how or where it is stored; pursuant to 15 U.S. Code 1681g(a)(1). Mask the first five digits of my Social Security Number in all writings you return to me.

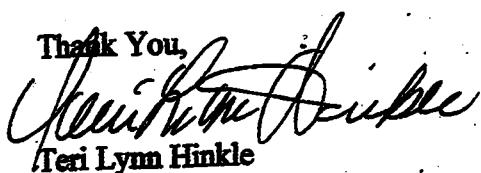
In addition, I am requesting:

1. Pursuant to 15 U.S. 1681g(a)(2), all sources of information in my consumer file at Equifax.
2. Pursuant to 15 U.S. 1681g(a)(3)(A), the identification of each person that procured a consumer report on me from Equifax.
3. Pursuant to 15 U.S. 1681g(a)(3)(B), the name, trade name, address, and telephone number of each person identified under 15 U.S. 1681g(a)(3)(A).
4. Pursuant to 15 U.S. 1681g(a)(4), the dates, original payees, and amounts of any checks in my consumer file at Equifax used to adversely characterize me
5. Pursuant to 15 U.S. 1681g(a)(5), a record of all inquiries received by Equifax in the year preceding the receipt of this request that identified me in connection with a credit or insurance transaction that I did not initiate

This is a request for a full file disclosure to include all obsolete and archived information as permitted by the Fair Credit Reporting Act. It is my first full file disclosure request for this calendar year from Equifax.

Thank you in advance for promptly satisfying this request.

Thank You,



Teri Lynn Hinkle

Attached: Copy of my Social Security Card & Drivers License is attached  
Sent: USPS Certified Mail # 7016 0340 0000 1408 7757  
Return Receipt Requested

Teri Lynn Hinkle

Murphy, North Carolina 28906

S. S. # [REDACTED] | D.O.B. [REDACTED]

September 26, 2017

Trans Union  
P.O. Box 2000  
Chester, PA 19022

Full File Disclosure Request pursuant to 15 U.S. Code 1681g(a)(1).

To Whom it may concern:

Please send me in writing ALL INFORMATION in my consumer file at Trans Union as of the date that you receive this letter regardless of how or where it is stored; pursuant to 15 U.S. Code 1681g(a)(1). Mask the first five digits of my Social Security Number in all writings you return to me.

In addition, I am requesting:

1. Pursuant to 15 U.S. 1681g(a)(2), all sources of information in my consumer file at Trans Union.
2. Pursuant to 15 U.S. 1681g(a)(3)(A), the identification of each person that procured a consumer report on me from Trans Union.
3. Pursuant to 15 U.S. 1681g(a)(3)(B), the name, trade name, address, and telephone number of each person identified under 15 U.S. 1681g(a)(3)(A).
4. Pursuant to 15 U.S. 1681g(a)(4), the dates, original payees, and amounts of any checks in my consumer file at Trans Union used to adversely characterize me
5. Pursuant to 15 U.S. 1681g(a)(5), a record of all inquiries received by Trans Union in the year preceding the receipt of this request that identified me in connection with a credit or insurance transaction that I did not initiate

This is a request for a full file disclosure to include all obsolete and archived information as permitted by the Fair Credit Reporting Act. It is my first full file disclosure request for this calendar year from Trans Union.

Thank you in advance for promptly satisfying this request.

Thank You,

  
Teri Lynn Hinkle

Attached: Copy of my Social Security Card & Drivers License is attached  
Sent: USPS Certified Mail # 7016 2070 0000 4133 7465  
Return Receipt Requested

# **EXHIBIT 2**

Teri Lynn Hinkle  
[REDACTED]  
Murphy, North Carolina 28906  
S. S. # [REDACTED] | D.O.B. [REDACTED]

October 16, 2017

Experian  
P.O. Box 2002  
Allen, TX 75013

Final Request Pursuant to 15 U.S.C. § 1681g(a)(1)

To whom it may concern:

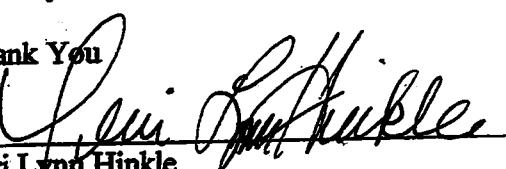
I am writing in regard to your response to my initial request for my ***Full Consumer File Disclosure***. My request was very specific and I provided the exact sections of the FCRA which require you to provide it to me (see copy of my original letter attached). Your response was not correct in that you did not provide the ***Full Consumer File Disclosure*** as requested. I will once again state that I am requesting my ***Full Consumer File Disclosure*** pursuant to 15 U.S.C. § 1681g(a)(1) to include all other such information listed specifically in my initial letter. No response by you other than providing the ***Full Consumer File Disclosure*** as required by the FCRA will be appropriate or accepted by me.

My initial letter was my first request for the ***Full Consumer File Disclosure*** within the past 12 months and there is no provision in the FCRA which allows you to charge me for it. I expect your full compliance with the law and for me to receive my ***Full Consumer File Disclosure*** in a timely manner as required by the FCRA. Your failure to do so will result in me initiating legal action against you to force compliance under the law. Your timely response is appreciated. Act accordingly.

Once again as was provided with my initial request, I am enclosing a copy of my driver's license and Social Security Card for identification purposes. You are instructed to mask the first five digits of my Social Security Number in all writings you return to me.

Thank you in advance for promptly satisfying this request.

Thank You

  
Teri Lynn Hinkle

Attached: Copies of my Social Security Card & Driver's License and initial request are attached  
Sent: USPS Certified Mail # 70162070 0000 4133 7489  
Return Receipt Requested

Teri Lynn Hinkle  
[REDACTED]

Murphy, North Carolina 28906

S. S. # [REDACTED] | D.O.B. [REDACTED]

October 9, 2017

Equifax  
P.O. Box 740256  
Atlanta, GA 30374

**Final Request Pursuant to 15 U.S.C. § 1681g(a)(1)**

To whom it may concern:

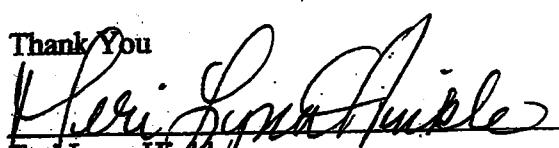
I am writing in regard to your response to my initial request for my ***Full Consumer File Disclosure***. My request was very specific and I provided the exact sections of the FCRA which require you to provide it to me (see copy of my original letter attached). Your response was not correct in that you did not provide the ***Full Consumer File Disclosure*** as requested. I will once again state that I am requesting my ***Full Consumer File Disclosure*** pursuant to 15 U.S.C. § 1681g(a)(1) to include all other such information listed specifically in my initial letter. No response by you other than providing the ***Full Consumer File Disclosure*** as required by the FCRA will be appropriate or accepted by me.

My initial letter was my first request for the ***Full Consumer File Disclosure*** within the past 12 months and there is no provision in the FCRA which allows you to charge me for it. I expect your full compliance with the law and for me to receive my ***Full Consumer File Disclosure*** in a timely manner as required by the FCRA. Your failure to do so will result in me initiating legal action against you to force compliance under the law. Your timely response is appreciated. Act accordingly.

Once again as was provided with my initial request, I am enclosing a copy of my driver's license and Social Security Card for identification purposes. You are instructed to mask the first five digits of my Social Security Number in all writings you return to me.

Thank you in advance for promptly satisfying this request.

Thank You

  
Teri Lynn Hinkle

Attached: Copies of my Social Security Card & Driver's License and initial request are attached

Sent: USPS Certified Mail # 7016 2070 0000 4133 7472

Return Receipt Requested

Teri Lynn Hinkle

Murphy, North Carolina 28906

S. S. # [REDACTED] | D.O.B. [REDACTED]

October 14, 2017

Trans Union  
P.O. Box 2000  
Chester, PA 19022

**Final Request Pursuant to 15 U.S.C. § 1681g(a)(1)**

To whom it may concern:

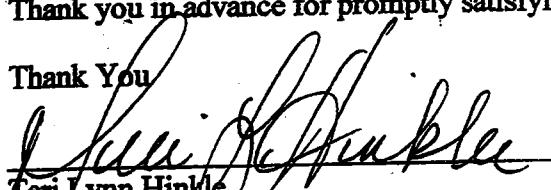
I am writing in regard to your response to my initial request for my ***Full Consumer File Disclosure***. My request was very specific and I provided the exact sections of the FCRA which require you to provide it to me (see copy of my original letter attached). Your response was not correct in that you did not provide the ***Full Consumer File Disclosure*** as requested. I will once again state that I am requesting my ***Full Consumer File Disclosure*** pursuant to 15 U.S.C. § 1681g(a)(1) to include all other such information listed specifically in my initial letter. No response by you other than providing the ***Full Consumer File Disclosure*** as required by the FCRA will be appropriate or accepted by me.

My initial letter was my first request for the ***Full Consumer File Disclosure*** within the past 12 months and there is no provision in the FCRA which allows you to charge me for it. I expect your full compliance with the law and for me to receive my ***Full Consumer File Disclosure*** in a timely manner as required by the FCRA. Your failure to do so will result in me initiating legal action against you to force compliance under the law. Your timely response is appreciated. Act accordingly.

Once again as was provided with my initial request, I am enclosing a copy of my driver's license and Social Security Card for identification purposes. You are instructed to mask the first five digits of my Social Security Number in all writings you return to me.

Thank you in advance for promptly satisfying this request.

Thank You

  
Teri Lynn Hinkle

**Attached:** Copies of my Social Security Card & Driver's License, utility bill and initial request are attached

Sent: USPS Certified Mail # 7016 2070 0000 4133 7496  
Return Receipt Requested

# **EXHIBIT 3**



Prepared for: TERI LYNN HINKLE

Date: October 07, 2017

Report number: 3805-1546-56

Page 1 of 2

## Dear TERI LYNN HINKLE

We are responding to your request regarding your personal credit report. The address you provided has never been reported to us. To assist you, we must verify your current mailing address. Please provide the following:

- One copy of a government issued identification card, such as a driver's license, state ID card, etc. displaying your current address, and

- One copy of a current utility bill, bank or insurance statement, etc.

Please also include the following identification information:

- Your full name including middle initial (and generation - JR, SR, II, III)
- Social Security number
- Date of birth
- Complete addresses for the past two years

Make sure that each copy is legible and displays your name and current mailing address and the date of issue. We are unable to accept voided checks, lease agreements, magazine subscriptions or postal service forwarding orders as proof.

To protect your personal identification information, Experian does not return correspondence sent to us. Send copies of any documents you wish to provide to us and always retain your original documents. You may also submit your request or documents supporting your claim electronically at [experian.com/upload](http://experian.com/upload).

**List any information that you would like to dispute, and tell us specifically why you believe the information is not accurate.** When we complete the processing of your dispute, which may take up to 30 days (or up to 45 days for a dispute of information in a free annual credit report), we will send you the results. You may want to notify your creditors of your current address. If you previously mailed us documents supporting your dispute, you must mail them again with the above listed information.

For faster service, visit [www.experian.com/help](http://www.experian.com/help) for secure and immediate online access to your personal credit report, or call 1 (888) EXPERIAN (1 888 397-3742) to order your report for delivery by U.S. mail.

PO Box 9701  
Allen, TX 75013



0036974 or RP 0453 \*\*PRSRRT T4 07241 28906

-001-P370104

TERI LYNN HINKLE

MURPHY NC 28906



Scan me with your smart phone  
for special offers from Experian.

0035467468



Prepared for: TERI LYNN HINKLE  
Date: October 07, 2017  
Report number: 3805-1546-56  
Page 2 of 2

Sincerely,

Experian  
NCAC  
PO BOX 9701  
Allen TX 75013

0035467468

Case 1:18-cv-00007-MR-DLH Document 37-1 Filed 04/06/18 Page 11 of 23

# **EXHIBIT 4**

Dear TERI LYNN HINKLE:

Your request concerning your Equifax file or credit score has been received and we are looking forward to serving you. At this time there is a charge for the Equifax credit file and/or score.

The charge for a disclosure is \$11.50. Additional reports within 12 months are \$11.50. The charge for the credit score is \$7.95. If you have a major credit card, you may use our automated ordering system at 1-800-685-1171.

To protect the confidentiality of your file, please forward to us the items listed below.

A copy of one item in **EACH** of the categories below is needed in order to verify your identification and address. The item you choose in the identity category **MUST** contain your Social Security number, and the item you choose in the address category **MUST** contain your **current mailing address** of: **TERI LYNN HINKLE, 19 MOSSY CREEK TRL, MURPHY NC 28906-7728.**

**IDENTIFICATION (NAME OR SSN)**

- \*Birth certificate or Marriage certificate with current name
  - \*Pay stub with complete U.S. Social Security number
  - \*W2 form with complete U.S. Social Security number
  - \*Valid Social Security Card

**CURRENT ADDRESS**

- \*Driver's license
  - \*Rental/lease agreement/house deed
  - \* Mortgage statement or bank statement
  - \*Utility bill (i.e. gas, cable, residential telephone bill)

**Note:** A work permit only card is not valid proof of a SSN.

To ensure that your request is processed accurately, please enlarge photocopies of any items that contain small print (e.g. driver's license, W2 forms, etc.). To avoid additional delays, keep in mind that if photocopies are not legible or contain highlighting, they may cause us to ask that you resubmit your request with more legible documents.

Please submit the requested identification/address information and this letter to the address below:

**Equifax Information Services LLC**  
**P. O. Box 105379**  
**Atlanta GA 30348-5379**

If you included payment in the form of a personal check, it has been shredded for your protection. If you included a money order it is being returned to you in a separate mailing. Please include the correct payment with the new request.

Thank you for the opportunity to assist you.

**Equifax Information Services LLC**

# **EXHIBIT 5**

\*\*\*314334935-017\*\*\*

TransUnion LLC  
PO Box 805  
Woodlyn, PA 19094-0805



File Number:

314334935

1 of 2

Page:

Date Issued:

10/5/2017

TransUnion 

P7H1QB00200325-I000649-041157240



TERI LYNN HINKLE

MURPHY, NC 28906-7728

Thank you for contacting TransUnion. Our goal is to maintain complete and accurate information on consumer credit reports. We have provided the information below in response to your request.

**Re: Disclosure Request - Proof of Current Mailing Address**

We have received your request for a copy of your TransUnion Credit Report. However, the current mailing address you provided is not listed in our records. In order for TransUnion to process your request and to protect the confidentiality of your credit report, please complete the attached form and submit verification of your current address. Acceptable forms of verification include copies of two (2) of the qualifying documents listed below.

If you would prefer, you may visit us online at [www.transunion.com](http://www.transunion.com) to view a copy of your credit report.

- Drivers License
- State ID Card
- Bank or Credit Union Statement
- Cancelled Check
- Government Issued ID Card
- Signed Letter from Homeless Shelter
- Stamped Post Office Box Receipt
- Utility Bills (Water, Gas, Electric, or Telephone)
- Pay Stub

When providing proof of your current mailing address please ensure that bank statements, utility bills, cancelled checks and pay stubs are recent and not older than 2 months. All state issued license and identification cards must be current and unexpired. PO Box receipts and signed letters from a homeless shelter should not exceed more than 1 year in age. Please note that electronic statement printed from a website cannot be accepted for proof of address.

If you have any additional questions or concerns, please contact TransUnion at the address shown below, or visit us on the web at [www.transunion.com](http://www.transunion.com) for general information. When contacting our office, please provide your current file number 314334935.

P.O. Box 1000  
Chester, PA 19016-2000

**DISCUSSION REQUEST FORM**

For more details on how to submit please consult the [Guidelines for Submission](#) of the journal or the helpdesk of your institution.

Name:	SSN:
Current Address:	Previous Address:
Other Name(s) Used:	Date of Birth :

**Acceptable forms of Current Address verification include copies of two of the following documents that show your Current Address:**

- a) Driver's license
  - b) Utility bill
  - c) Bank or credit union statement
  - d) Cancelled check
  - e) Signed homeless shelter letter
  - f) Stamped post office box receipt
  - g) Government issued ID
  - h) State ID card
  - i) Pay stub

**PROFESSIONAL SECURITY NUMBER**

**Acceptable forms of Social Security verification include a copy of one of the following documents that shows your Social Security Number:**

- a) Social Security card

- a) Social Security card
  - b) Letter from the Social Security Administration
  - c) Military ID
  - d) Medicaid or Medicare card

**Period of Date of Birth**

**Acceptable forms of Date of Birth verification include a copy of one of the following documents that shows your Date of Birth:**

- a) Birth certificate
  - b) Driver's license
  - c) Government issued ID
  - d) Passport

**Important notes regarding acceptable forms of proof:**

- Utility Bills, Bank or Credit Union Statements, Cancelled Checks and Pay Stubs must not be older than 2 months.
  - P.O. Box Receipts and Homeless Shelter Letters must not be older than 12 months.
  - We are unable to accept documents that contain a past expiration date as proof.
  - Electronic statements printed from a website cannot be accepted as proof.

Inclide Payment (anexo-ssar)

If you would like to receive your TransUnion Consumer Credit Score in addition to the credit report, please provide additional payment.

**TransUnion Credit Score - \$9.95**

**Check here  to include credit score with credit report.**

**Check credit  
card type:**



**Card Number:**

**Expiration**  
**Month/Year:** \_\_\_\_\_ / \_\_\_\_\_

You may also pay by sending a check or money order, for the required amount, payable to TransUnion. Once payment is received, we will promptly send you a copy of your credit report (and score if applicable).

# **EXHIBIT 6**



att.com

TERI HINKLE  
MURPHY NC 28906-7728

Page 1 of 2  
Account Number [REDACTED]  
Billing Date Sep 19, 2017

Web Site att.com

# Monthly Statement

## BILL AT A GLANCE

Previous Bill	\$88.12
Payment Received 9-05 Thank You!	\$88.12CR
Adjustments	.00
Balance	.00
Current Charges	\$88.32
<b>Total Amount Due</b>	<b>\$88.32</b>
Amount Due in Full by	Oct 9, 2017

## Billing Summary

Online: att.com/mivatt

Date

## AT&T Benefits

### • CALL US AND SAVE!

Looking to save money? We've got you covered. Call us at 800.475.1827 and we'll help you find the right bundle of DIRECTV, wireless and other services that fit your needs and budget. Or go to [att.com/LookingForSavings](http://att.com/LookingForSavings)

## Plans and Services

### Monthly Service - Sep 19 thru Oct 18

1. Complete Choice® Enhanced	38.00
Residential Line	
Three-Way Calling	
Call Forwarding	
Call Waiting ID	
Call Return	
Caller-ID Name-Number Delivery	
Anonymous Call Blocking	
2. Mileage - Zone	

150

# **EXHIBIT 7**

**DISH**

P.O. BOX 7203 PASADENA CA 91109-7303  
8265 9000 NO RP 19 09192017 YYNNNNNN 01 017629 0074  
**TERI HINKLE**  
MURPHY NC 28906-7728

Page 1 of 4

Bill Creation Date: 09/19/17  
Account Number: **[REDACTED]**  
Account Holder: **TERI HINKLE**  
Service Address: **[REDACTED]**  
MURPHY NC 28906-7728



## Here's the DISH...

You are eligible for an award-winning Hopper 2 whole home dvr upgrade at no upfront cost. Enjoy fully integrated Netflix, 2000 hours of DVR storage, HD on every tv, and dozens of other cool, new features. Call (888) 691-8011 to schedule your upgrade today! This will revolutionize the way you watch TV

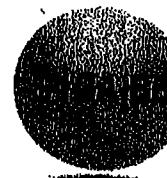
Summary	
Previous Bill	\$134.85
Payment(s)	\$134.85
Previous Bill minus Payment(s)	\$0.00
TV	\$134.85
<b>Payment Due 10/04/17</b>	<b>\$134.85</b>



### Payment Due



### Amount Due



Detail on back

- Online:** [mydish.com](http://mydish.com)
- Email:** [care@dish.com](mailto:care@dish.com)
- Phone:** 1-800-333-3474

# **EXHIBIT 8**

\*\*\*314334935-019\*\*\*  
TransUnion LLC  
PO Box 805  
Woodlyn, PA 19094-0805



File Number: 314334935  
Page: 1 of 2  
Date Issued: 10/18/2017

TransUnion 

P7ITOB00200269-I000537-041744182



TERI LYNN HINKLE

MURPHY, NC 28906-7728

Thank you for contacting TransUnion. Our goal is to maintain complete and accurate information on consumer credit reports. We have provided the information below in response to your request.

**Re: Disclosure Request - Proof of Current Mailing Address**

We have received your request for a copy of your TransUnion Credit Report. However, the current mailing address you provided is not listed in our records. In order for TransUnion to process your request and to protect the confidentiality of your credit report, please complete the attached form and submit verification of your current address. Acceptable forms of verification include copies of two (2) of the qualifying documents listed below.

If you would prefer, you may visit us online at [www.transunion.com](http://www.transunion.com) to view a copy of your credit report.

- Drivers License
- State ID Card
- Bank or Credit Union Statement
- Cancelled Check
- Government Issued ID Card
- Signed Letter from Homeless Shelter
- Stamped Post Office Box Receipt
- Utility Bills (Water, Gas, Electric, or Telephone)
- Pay Stub

When providing proof of your current mailing address please ensure that bank statements, utility bills, cancelled checks and pay stubs are recent and not older than 2 months. All state issued license and identification cards must be current and unexpired. PO Box receipts and signed letters from a homeless shelter should not exceed more than 1 year in age. Please note that electronic statement printed from a website cannot be accepted for proof of address.

If you have any additional questions or concerns, please contact TransUnion at the address shown below, or visit us on the web at [www.transunion.com](http://www.transunion.com) for general information. When contacting our office, please provide your current file number 314334935.

P.O. Box 1000  
Chester, PA 19016-2000

